



IDAHO DEPARTMENT OF HEALTH & WELFARE

Personal Care / Home and Community Based Services Aged & Disabled Waiver Service Codes – Idaho Medicaid

| Procedure Code | Mod1 | Mod2 | Description | Allowed Amt. |
|---|-----------|------|---|----------------------------|
| Supervisory RN Codes | | | | |
| G9002 | | | RN Care Plan Development and Placement (Initial-10 units, Redetermination-5 units) (1 unit = 15mins) | \$10.19/unit |
| T1001 | | | Nursing Assessment/Evaluation (Agency) | \$50.95/visit |
| Nursing Service Codes | | | | |
| T1002 | | | Nursing Services RN (RN services up to 15 min) | \$10.19/15 min |
| T1003 | | | Nursing Services LPN (LPN/LVN services up to 15 min) | \$7.31/15 min |
| Interpretive Service Codes | | | | |
| T1013 | | | Oral Interpretation Service (1 unit = 15 min) | \$3.04/15 min |
| T1013 | CG | | Sign Language Interpretation Service (1 unit = 15 min) | \$12.50/15 min |
| Supervisory QIDP Codes | | | | |
| G9001 | | | Coordinated Care Fee – Initial (Agency) | \$99.04/visit |
| H2020 | | | Therapeutic Behavioral Services (Agency) | \$31.97/day |
| Personal Assistance Service Provider Codes | | | | |
| Agency Providers: | | | | |
| T1019 | | | Personal Care Services | \$3.94/15 min |
| T1019 | UM | | PCS Family Alternate Care Home (UM Required) | \$3.36/15 min |
| Home and Community Based Services | | | | |
| S5125 | | | Attendant Care Services | \$3.94/15 min |
| S5130 | | | Homemaker Services | \$3.55/15 min |
| T1001 | | | Nursing Assessment/Evaluation (Agency) | \$50.95/visit |
| S5140 | | | Adult Residential Care (Services provided in a Residential Care or Assisted Living Facility or Certified Family Home) | Participant |
| S5100 | | | Adult Day Health | \$6.00/hr (1.50/15min) |
| E1399 | | | Specialized Medical Equipment and Supplies | As authorized |
| S5120 | | | Chore Services | \$10.56/hr (2.64/15min) |
| S5115 | | | Consultation | \$30.60/hr (7.65/15min) |
| S5135 | | | Companion Services | \$13.72(3.43/15min) |
| S5170 | | | Home Delivered Meals | \$5.23/meal |
| S5165 | | | Environmental Accessibility Adaptations | As authorized |
| S5160 | | | PERS Install/1 st month rent | \$56.89/1 time only |
| S5161 | | | PERS Rent/monthly | \$33.83/mo |
| T1005 | | | Respite | \$10.56/hr (2.64/15min) |

Effective Date 07/01/2014

| | | | | |
|--------------|-----------|--|--|------------------------------|
| G9002 | | | TBI Assessment | \$11.04/unit |
| H2015 | | | Individual Supportive living | \$3.24/15 min |
| H2015 | HQ | | Group Supportive living | \$1.91/15 min |
| H2016 | | | Daily Supported living Intense support | \$268.36/day |
| H2022 | | | Daily Supported living High support | \$225.32/day |
| H2023 | | | Supported Employment | \$21.00/hr (\$5.25/15min) |
| T2021 | | | Day Rehabilitation | \$4.53/15min |

If you have any questions regarding these rates please contact Lourie Neal, Idaho Medicaid Office of Reimbursement, at (208) 287-1162.